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FACSIMILE TRANSMITTAL COVER SHEET

DATE: 3/21/05 ATTORNEY DOCKET NUMBER: KCC 4953  
PTO FACSIMILE NUMBER: (703) 872-9306

PLEASE DELIVER THIS FACSIMILE TO: Examiner Kiliman  
THIS FACSIMILE IS BEING SENT BY: Christopher Goff  
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Type of paper transmitted: Request for Continued Examination  
and Amendment A filed with RCE

Applicant's Name: Krzysik et al.

06/14/2005 TROS Serial (No. 91) (Control No.): 10/659,968 Examiner: Kiliman

01 FC:1201 Filing Date: 9/11/03 Art Unit: 1773 Confirmation No.: 5032  
02 FC:1204 400.00 DA

Application Title: LOTIONED TISSUE PRODUCT WITH IMPROVED STABILITY

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FEE TRANSMITTAL

Application Number 10/659,968 Art Unit 1773  
 Filing Date September 11, 2003 Confirmation No. 5032  
 Inventor(s) Krzysik et al.  
 Examiner Name Kiliman  
 Attorney Docket Number KCC 4953 (K-C 18,752)

[ ] Applicant claims small entity status.

METHOD OF PAYMENT

- [X] The Commissioner is hereby authorized to charge the indicated fees to Deposit Account No. 19-1345. The Commissioner is hereby authorized to charge any under payment or credit any over payment to Deposit Account No. 19-1345.
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FEE CALCULATION

1. [ ] BASIC FILING, SEARCH AND EXAMINATION FEES  
 (Type: \_\_\_\_\_) Subtotal (1) \$ \_\_\_\_\_
2. [ ] EXCESS CLAIM FEES
- |  |                       |        |          |       |            |   |    |                               |
|--|-----------------------|--------|----------|-------|------------|---|----|-------------------------------|
| Total Claims                             | <u>71</u> - <u>63</u> | (HP) = | <u>8</u> | x Fee | <u>50</u>  | = | \$ | <u>400.00</u>                 |
| Indep Claims                             | <u>4</u> - <u>3</u>   | (HP) = | <u>1</u> | x Fee | <u>200</u> | = | \$ | <u>200.00</u>                 |
| Multiple Dependent Claims Fee            |                       |        |          |       |            | = | \$ | <u>          </u>             |
| (HP = highest number of claims paid for) |                       |        |          |       |            |   |    |                               |
|  |                       |        |          |       |            |   |    | Subtotal (2) \$ <u>600.00</u> |
3. [ ] APPLICATION SIZE FEE
- Total Pages        - 100 =        + 50 =        x \$250 = \$         
 (Application + Drawings) (round up to whole #)
- Subtotal (3) \$
4. [X] OTHER FEE(S)
- |     |   |
|-----|---|
| [ ] | _____ month extension of time                   |
| [ ] | Information disclosure statement                |
| [ ] | 37 CFR 1.17(q) processing fee                   |
| [ ] | Non-English specification                       |
| [ ] | Notice of Appeal                                |
| [ ] | Filing a brief in support of appeal             |
| [ ] | Request for oral hearing                        |
| [X] | Other: <u>Request for Continued Examination</u> |
- Subtotal (4) \$ 790.00

TOTAL AMOUNT OF PAYMENT \$ 1,390.00

Christopher M. Goff March 21, 2005  
 Christopher M. Goff, Reg. No. 41,785 Date  
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